

Application Data Sheet
APPLICATION INFORMATION

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks:
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title:: PRESSURE WASHER WITH DIAGNOSTIC
INDICATORS
Attorney Docket Number:: 226256
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 8
Small Entity?:: Yes
Latin Name::
Variety denomination name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gus
Middle Name::
Family Name:: Alexander
Name Suffix::
City of Residence:: Inverness
State or Prov. of Residence::
Country of Residence:: US
Street of mailing address:: 11 Woodview Lane
City of mailing address:: Inverness
State or Province of mailing address:: Illinois
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60067

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mike
Middle Name::
Family Name:: Hanson
Name Suffix::
City of Residence:: Lakewood
State or Prov. of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 2115 S. Shore Drive
City of mailing address:: Lakewood
State or Province of mailing address:: Illinois
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60014

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: FAIP North America, Inc.

Street of mailing address:: 1825 Greenleaf

City of mailing address:: Elk Grove

State or Province of
mailing address:: Village

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 60007